



Iowa Department of Public Health Vaccines for Children Program VFC Vaccine Borrowing Report

Facility Name: _____ VFC PIN: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

VFC vaccine cannot be used as a replacement system for a provider's privately purchased vaccine inventory. The provider must assure all vaccine supplies are adequate to meet the needs of the provider's VFC-eligible patients and non-VFC-eligible patients and borrowing vaccine will not prevent a child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing should be the exception and occur only when there is lack of vaccine due to unexpected circumstances. **Vaccine borrowed between VFC and private stock can occur only after receiving approval from the VFC Program by calling 1-800-831-6293.** Each vaccine must be listed on a separate row and identified whether VFC or private. As soon as the borrowed doses are replaced, the form must be faxed to the Iowa VFC Program at 1-800-831-6292. The provider shall keep a copy of the completed form in office records. Any inventory adjustments not submitted to the VFC Program and approved will be considered vaccine loss and may lead to restitution of VFC vaccine.

Vaccine Type Borrowed	Number of Doses Borrowed (VFC or Private)	Lot #	Date Borrowed	Reason Vaccine Was Not Available (Circle one)	Date Replaced	Lot #
				1. Private order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. Other (specify) used wrong inventory		
				1. Private order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. Other (specify)		
				1. Private order delayed 2. Private stock non-viable on arrival 3. VFC Order delayed 4. VFC order non-viable on arrival 5. Other (specify)		
				1. Private order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4. VFC stock non-viable on arrival 5. Other (specify)		

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state laws, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify all VFC doses borrowed during the noted time period have been fully reported on this form.

Clinic Contact Name: _____ Clinic Contact Signature: _____ Date: _____

Approved by Iowa VFC Program Representative: _____ Date: _____

IRIS Inventory Users Only: This information will be monitored by the use of IRIS. Inventory adjustments shall be made by using the reason, Payback VFC vaccine with private vaccine or Payback private vaccine with VFC vaccine. Borrowing instructions can be found on the VFC web page at:

<https://www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Vfc>. Date IRIS Adjustment Completed: _____